



**U.S. MISSION VIETNAM
APPLICATION FOR FOREIGN NATIONAL
STUDENT INTERN PROGRAM
(PUBLIC AFFAIRS SECTION)**

1. Position No./ Title: _____

2. FULL NAME: _____

LAST (SURNAME) FIRST MIDDLE _____

3. Date of Birth: _____

4. Place of Birth: _____

5. PRESENT ADDRESS AND TELEPHONE NUMBER (E-Mail, if available):

Cell phone No.: _____

6. Do you have any relatives that work for the Embassy/Consulate: If yes, please list name, department where they work and how long they have been employed?

7. CURRENT CITIZENSHIP: _____

8. U.S. CITIZENSHIP: Do you have any claim to U.S. citizenship? YES _____ NO _____

9. UNIVERSITY/SCHOOL/EDUCATION INSTITUTION:

For each institution you have attended, provide the following information in the space below. Begin with your present school and work backwards. Use continuation sheets as necessary.

Name and full address of current institution:

Name, title and telephone number of instructor:

Date you started University (Month/Year) _____

Diploma/Degree/Certificate: _____

Date you expect to receive your college/university degree _____ Major Field of Study: _____

10. FAMILIARITY WITH PUBLIC AFFAIRS SECTION

Have you ever been to the Education USA Advising Center of the Public Affairs Section?

Yes No

If yes, what impresses you most? What do you think we can do better? (2 sentences)

11. LANGUAGES: (Identify the language and indicate extent of your competence for each:

5 = fluent; 3 = good; 1 = fair; 0 = not at all)

<u>LANGUAGE</u>	<u>SPEAK</u>	<u>READ</u>	<u>WRITE</u>	<u>UNDERSTAND</u>
English				

12. SPECIAL QUALIFICATIONS AND SKILLS:

List any special skills you possess and equipment you can use, certifications, licenses obtained, etc.

13. TRAINING RECEIVED:

List training received in areas applicable to the internship position in which you are applying.

14. VOLUNTEER, EMPLOYMENT OR EXPERIENCE (If applicable): Begin with your most recent position and work backwards. (Use additional pages if necessary).

A. NAME AND FULL ADDRESS OF EMPLOYER: _____

B. DATES WORKED (month/day/year): FROM _____ TO _____

C. TITLE OF POSITION: _____

D. NAME, TITLE AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR: _____

E. DESCRIPTION OF WORK (Describe specific duties, responsibilities, and accomplishments):

F. NUMBER OF HOURS WORKED PER WEEK: _____ NUMBER OF EMPLOYEES YOU SUPERVISED _____

15. HAVE YOU EVER WORKED FOR THE U.S. GOVERNMENT?

YES ___ NO ___

HAVE YOU EVER BEEN DISMISSED OR FORCED TO RESIGN FROM A POSITION? YES ___ NO ___
PLEASE EXPLAIN:

16. COMPUTER SKILLS

How do you rate your computer skills (please circle):

5 = excellent; 3 = good; 1 = fair; 0 = none

List computer programs in which you have experience.

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- 17. REFERENCES:** List three persons not related to you by blood or marriage who are qualified to supply definite information regarding your character and suitability for employment under the program. Do NOT include former employers (i.e., supervisors).

	NAME	MAILING ADDRESS	TELEPHONE NUMBER	OCCUPATION
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

- 18. YOU MUST SIGN THIS APPLICATION.** Read the following carefully before you sign.

- ☐ I understand that any information I give may be investigated and that a false statement may be grounds for non- consideration or dismissal of my participation in the Intern Program, if I am selected.
- ☐ I understand that, if I am provisionally selected, an Embassy-required security certification is a prerequisite.
- ☐ I consent to the release of information about my ability and fitness for the Intern Program by employers, schools, law enforcement agencies and other individuals and organizations to Embassy-authorized investigators and personnel.
- ☐ I certify that, to the best of my knowledge, all of my statements are true, complete, and made in good faith.

Signature

Date

YOU MUST INCLUDE:

- ☐ A copy of your identification card.
- ☐ A copy of your school identification card.
- ☐ A copy of your most recent school transcript.

CONTINUATION SHEET: ADDITIONAL INFORMATION (If applicable)

VOLUNTEER, EMPLOYMENT OR EXPERIENCE (If applicable): Begin with your most recent position and work backwards. **Duplicate continuation sheets as needed.**

- A. NAME AND FULL ADDRESS OF EMPLOYER: _____

- B. DATES WORKED (month/day/year): STARTING FROM _____ TO _____
- C. TITLE OF YOUR POSITION: _____
- D. SALARY OR EARNINGS (Indicate if per week, month, year, etc.):
INITIAL SALARY: _____ per _____ FINAL: _____ per _____
- E. NAME, TITLE, AND TELEPHONE NUMBER OF IMMEDIATE SUPERVISOR: _____
- F. DESCRIPTION OF WORK (Describe specific duties, responsibilities and accomplishments): _____
- G. NUMBER OF HOURS WORKED PER WEEK: _____ NUMBER OF EMPLOYEES YOU
SUPERVISED _____
- H. REASON FOR LEAVING _____

CONTINUATION SHEET: ADDITIONAL INFORMATION (If applicable)

UNIVERSITY/SCHOOL/EDUCATIONAL INSTITUTION:

For each institution you have attended, provide the following information in the space below. Begin with your present school and work backwards. **Duplicate continuation sheets as necessary.**

Name and full address of current institution:

Name, title and telephone number of instructor:

Dates Attended (Month/ Year)_____Diploma/Degree/Certificate:_____

Date received: _____Major Field of Study:_____

Print Name (Last, First, MI)

ID Number (số chứng minh thư)

Statement of Interest

Write a brief Statement of Interest that describes why you seek an internship with the U.S. Embassy Hanoi. Explain how the academic courses you have taken, and other personal experiences you have had, relate to the Intern Program. Describe any public speaking or MC'ing experience you have and tell us how familiar you are with the American Center's programs and services.

UNITED STATES DEPARTMENT OF STATE
GRATUITOUS SERVICE AGREEMENT

Title 5 Section 3111 of the United State Code authorizes federal agencies to establish programs designed to provide educationally related work assignments for students on a nonpayment basis. You will be hired under such a program. According to the law, we may only accept your gratuitous service if the service: (1) is performed by a student, with permission of the institution at which the student is enrolled; (2) is uncompensated; and (3) will not displace any employee.

As a student participating under this program you will not be considered to be a federal employee for any purposes other than injury compensation or laws related to the Tort Claims Act. Your service is not creditable for leave accrual or any other employee benefits.

This arrangement is subject to termination at any time at the discretion of the Mission. Please sign below acknowledging that you understand the terms under which you will be hired.

I understand the terms under which I am being hired, including, without limitation, that I will not be compensated for the services that I provide.

Signature of Intern

Date

Full name of Intern